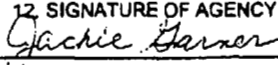



DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER 01-27	2. STATE: ILLINOIS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT a. FFY 02 \$ 0 b. FFY 01 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1B Page 10 Supplement 1 to Attachment 3.1-A Pages 1, 2, 5 & 6 Supplement 1 to Attachment 3.1B Pages 1, 2, 5, & 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1B Page 10 Supplement 1 to Attachment 3.1-A Pages 1, 2 (Target Group A), 1 & 2 (Target Group C)	
10. SUBJECT OF AMENDMENT: Non institutional provider changes			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.	
12. SIGNATURE OF AGENCY OFFICIAL: 		15. RETURN TO: ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich	
13. TYPED NAME: Jackie Garner			
14. TITLE: DIRECTOR			
15. DATE SUBMITTED			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/13/01		18. DATE APPROVED: 2/15/02	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS: RECEIVED DEC 12 2001 DMC...			

Appendix to
Attachment 3.1-B
Page 10

State ILLINOIS

11b. OCCUPATIONAL THERAPY

=10/94 Services are prescribed by a physician and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11c. SPEECH, HEARING AND LANGUAGE

=10/94 Services are referred by a physician and provided by or under the direction of a speech pathologist or audiologist as defined in 42 CFR 440.110(c). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

12a. PRESCRIBED DRUGS

Illinois shall provide coverage for covered outpatient drugs within the meaning of Section 1927(k) of Title XIX of the Social Security Act of any manufacturer which has entered into and complies with a rebate agreement with the federal Health Care Financing Administration. The drugs listed in the Department's formulary are covered without prior approval when prescribed by a physician licensed to practice medicine in all its branches or a licensed podiatrist or dentist within the scope of their practice. Providers may request prior approval for other items subject to the medical necessity of the client and the issuance of a valid prescription or medication order by the prescriber.

The following drugs or classes of drugs are excluded from coverage: anorexia and weight gain/loss drugs, agents used to promote fertility, agents for cosmetic purposes or hair growth, most vitamins except prenatal vitamins for pregnant women and fluoride preparations, smoking cessation products, most OTC products, DESI-ineffective products, toiletries, personal care items, oral antiseptics, dentifrices, contact lens supplies and investigational drugs.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

12b. DENTURES

=7/95 All services or treatments which are medically necessary as detected by the screening process will be provided to EPSDT recipients.

TN # 01-27 APPROVAL DATE FEB 15 2002 EFFECTIVE DATE 10-01-01
SUPERSEDES
TN # 94-27

Revision: HCFA-PM-87-A
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Illinois

- A. **Target Group:** TARGET GROUP A — Individuals in the community who are determined eligible and receiving mental health services under the rehabilitative option or clinic option and who require assistance in gaining access to mental health services & to social, educational, vocational recreational, housing, public income entitlements & other community services to assist the client in the community.
- B. **Areas of State in which services will be provided:**
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. **Comparability of Services**
- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. **Definition of Services:**
- Services include assessment, planning, advocacy, linkage, monitoring, problem-solving assistance, interagency service coordination and crisis response management. Units are billed in 15 minute increments with a maximum of 240 hours annually for case management services/coordination and an annual maximum of 40 hours for transition linkage and aftercare services.
- E. **Qualification of Providers**
- Services will be delivered by providers certified to provide mental health services under the clinic or rehabilitative options. In order to qualify as a provider of case management services, the provider must provide assessment, treatment planning and one other Medicaid service unless waived by the designated agency.

TN: 01-27

Approval Date: FEB 15 2002

Effective Date: 10/1/01

Supersedes

TN: 91-23

HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-4
March 1987

SUPPLEMENT 1 to Attachment 3.1-A
Page 2
OMB No.: 0939-0193

State/Territory: Illinois

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) OF THE Act.
1. Eligible recipients will have free choice of the providers of case management services.
- B. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 01-27

Supersedes

TN No. 91.23

Approval Date: SEP 7 1991

Effective Date: 10/1/01

HCFA ID: 1040P/001674

Revision: HCFA-PM-87-4 (BERC)
March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A

Page 1 of 5
OMB No: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory ILLINOIS

CASE MANAGEMENT SERVICES

A. Target Group C: Individuals aged birth to 36 months who are determined eligible and receiving early intervention services and who require assistance in gaining access to early intervention services as identified in the Individualized Family Service Plan (IFSP).

B. Areas of State in which services will be provided:

X Entire State

C. Comparability of Services:

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

=10/94 Case management services include services to coordinate the Individualized Family Service Plan provided by qualified staff whose services are needed by the target population to identify the medical, social, educational and other special needs of the client; identify the services necessary to meet those needs; and facilitate access to those services. Case management services shall not duplicate other case management provided through the Medical Assistance program.

E. Qualification of Providers:

=10/94 All individuals employed or contracted by early intervention programs/providers, or individuals maintaining a private practice in their area of specialty, must meet minimum entry level degree and licensing or other credentialing requirement for their respective disciplines or positions pursuant to state regulations, as well as the requirements for the Early Intervention Specialist as set forth by the Illinois Interagency Council on Early Intervention. Credentialing is accomplished through submission of an individual portfolio to the designated State agency(ies) with annual updates as required or through the completion of an approved university program of study. Case managers must have at least a bachelor's degree or be under the supervision of a person with a bachelor's or master's degree.

TN No. 01-27 Approval Date FEB 10 1997 Effective Date 10-01-01
Supersedes
TN No. 94-27 HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 26
OMB No: 0939-0193

State/Territory ILLINOIS

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 01-27 Approval Date 8-15-87 Effective Date 10-01-01
Supersedes
TN No. 93-31 HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-A
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-B
Page 1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Illinois

Case Management

A. Target Group: TARGET GROUP A — Individuals in the community who are determined eligible and receiving mental health services under the rehabilitative option or clinic option and who require assistance in gaining access to mental health services & to social, educational, vocational recreational, housing, public income entitlements & other community services to assist the client in the community.

B. Areas of State in which services will be provided:

X Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Services include assessment, planning, advocacy, linkage, monitoring, problem-solving assistance, interagency service coordination and crisis response management. Units are billed in 15 minute increments with a maximum of 240 hours annually for case management services/coordination and an annual maximum of 40 hours for transition linkage and aftercare services.

E. Qualification of Providers

Services will be delivered by providers certified to provide mental health services under the clinic or rehabilitative options. In order to qualify as a provider of case management services, the provider must provide assessment, treatment planning and one other Medicaid service unless waived by the designated agency.

FEB 15 2002

TN: 01-27 Approval Date: Effective Date: 10/1/01

Supersedes

TN: HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-4
March 1987

SUPPLEMENT 1 to Attachment 3.1-B
Page 2
OMB No.: 0939-0193

State/Territory: Illinois

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) OF THE Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 01.27

Supersedes

TN No.

Approval Date:

Effective Date: 10/01/01

HCFA ID: 1040P/001674

Revision: HCFA-PM-87-4 (BERC)
March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-B
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OMB No: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory ILLINOIS

CASE MANAGEMENT SERVICES

A. Target Group C: Individuals aged birth to 36 months who are determined eligible and receiving early intervention services and who require assistance in gaining access to early intervention services as identified in the Individualized Family Service Plan (IFSP).

B. Areas of State in which services will be provided:

X Entire State

C. Comparability of Services:

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=10/94 Case management services include services to coordinate the Individualized Family Service Plan provided by qualified staff whose services are needed by the target population to identify the medical, social, educational and other special needs of the client; identify the services necessary to meet those needs; and facilitate access to those services. Case management services shall not duplicate other case management provided through the Medical Assistance program.

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=10/94 All individuals employed or contracted by early intervention programs/providers, or individuals maintaining a private practice in their area of specialty, must meet minimum entry level degree and licensing or other credentialing requirement for their respective disciplines or positions pursuant to state regulations, as well as the requirements for the Early Intervention Specialist as set forth by the Illinois Interagency Council on Early Intervention. Credentialing is accomplished through submission of an individual portfolio to the designated State agency(ies) with annual updates as required or through the completion of an approved university program of study. Case managers must have at least a bachelor's degree or be under the supervision of a person with a bachelor's or master's degree.

TN No. 01-27 Approval Date FEB 15 2002 Effective Date 10-01-01
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TN No. _____ HCFA ID: 1040P/0016P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-B
Page 6
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State/Territory ILLINOIS

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 01-27 Approval Date 10-01-01 Effective Date 10-01-01
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